

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **36957**  
 Registrar's No. **1041**

FILED DEC 10 1951

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>1041</b>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield,</b>		c. LENGTH OF STAY (in this place) <b>1 yr 5 mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield,</b>		<b>0396</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burger-Connolly Rest Home</b>				d. STREET ADDRESS (If rural, give location) <b>1239 Cherry</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b>			b. (Middle) <b>Sophie</b>		c. (Last) <b>Gerhard</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 7, 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 20, 1862</b>		9. AGE (In years last birthday) <b>89</b>	# UNDER 1 YEAR <b>8</b> Months	# UNDER 1 MIN. <b>17</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>In Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Louie Koch</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Schleiter</b>		14. NAME OF HUSBAND OR WIFE <b>John Henry Gerhard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. C. R. Groover Springfield,</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				MO. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4222</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>7-11-1950</b> , to <b>12-7-1951</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:45a m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Paul O. Uphaw, M.D.</b> (Degree or title)				23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>12-7-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec. 9, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>12-7-51</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b> 116 <i>deputy Registrar</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.